

# Health Care in Motion

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April 25, 2019 3:00PM EST

## Food, Transportation, and Housing Take Center Stage in Medicare Advantage Announcement

The Medicare program is expanding opportunities to bridge the gap between clinical care and services that address health-related social needs, such as food insecurity, access to transportation, and housing. Taking into account the [growing body of evidence](#) demonstrating that these non-medical factors can play a significant role in driving health care outcomes and costs, Medicare Advantage (also known as Medicare Part C) health plans will be able to offer special non-clinical benefits to certain chronically ill beneficiaries beginning in the [2020](#) plan year.

Medicare Advantage plans have significant discretion regarding the types of items and services that may be provided under the new provisions, called “Special Supplemental Benefits for the Chronically Ill” (SSBCI). The requirement is that benefits must have “a reasonable expectation” of supporting the health or overall function of a beneficiary as it relates to his or her chronic illness or condition.

In other words, the rollout of SSBCI opens the door for a broad range of initiatives to partner with and integrate into the Medicare Advantage program, including: [medically tailored food and meal programs](#), [transportation for non-medical needs](#), and more. Importantly, health plans and providers are able to tailor the specifics of their SSBCI to the needs of each individual patient.

As mentioned above, access to SSBCI will be limited to certain Medicare beneficiaries. First, beneficiaries must be enrolled in Medicare Advantage. [Approximately 60% of Medicare beneficiaries have coverage under Traditional Medicare](#)—Medicare Parts A and B—and are therefore not eligible for SSBCI. SSBCI will also be limited to beneficiaries with an [eligible chronic condition](#). However, CMS estimates that roughly 73% of Medicare Advantage beneficiaries are living with at least one of the specifically enumerated conditions. The list currently includes cancer, diabetes, HIV, various cardiovascular disorders, end-stage liver disease, asthma and additional chronic lung disorders, and a number of chronic mental health conditions, among others.

The SSBCI announcement from CMS, published earlier this month, sparks new momentum for community-based and social services organizations to engage health insurers on social determinants of health interventions:

- **Spread the word.** Health plans are not required to offer SSBCI, and have broad discretion in deciding how to invest in these benefits. Make sure health insurers historically offering Medicare Advantage plans in your area understand both this program change and the benefits of addressing social risk factors.

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- **Share best practices.** Community-based and social services organizations can play a central role in identifying cost-effective non-clinical needs, the development of eligibility and risk factor assessments, and otherwise supporting the design of SSBCI.
- **Partner as service providers.** Community-based and social services organizations may consider partnering with health plans to deliver SSBCI to beneficiaries.

CHLPI staff are interested in hearing about initiatives in your area, and are available to support your organization as you explore opportunities involving SSBCI.

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